

**UNITED STATES PATENT AND TRADEMARK OFFICE**

Examiner: Harish T. Dass
Art Unit: 3628

Appl. No. : 09/800,621
Inventor : Bernard G. Freeland
Filed : March 7, 2001
Title : System and Method for
Facilitating Asset-Based
Financing in a Private Sale

DECLARATION UNDER 37 C.F.R. § 1.131

Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

Hon. Commissioner:

I, **Bernard G. Freeland**, do declare and state:

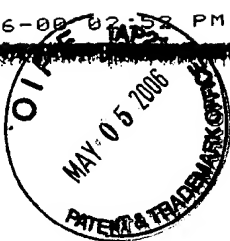
1. I am the sole inventor of claims 1-16 of the above-identified application.
2. The drawings attached hereto were prepared by me or under my direct supervision. All work and associated writings were carried out in the United States.
3. As shown in the attached drawings, which are date-stamped February 16, 2000, I completed my invention as described and claimed in the above-identified application prior to March 7, 2000.

I declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Date: 5/1/06



Bernard G. Freeland



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Naples, Florida 34104
(941) 643-3000

FAX
COVER
SHEET

FAX
1-312-861-
2898
99

RECEIVED
00 FEB 16 PM 12:54

DATE 2/16/00

TO DAVID ROCHE

FROM RICH VETTER Auto 2 Auto

COMMENTS OUTLINE OF PERSON
TO PERSON FINANCE PROCESS

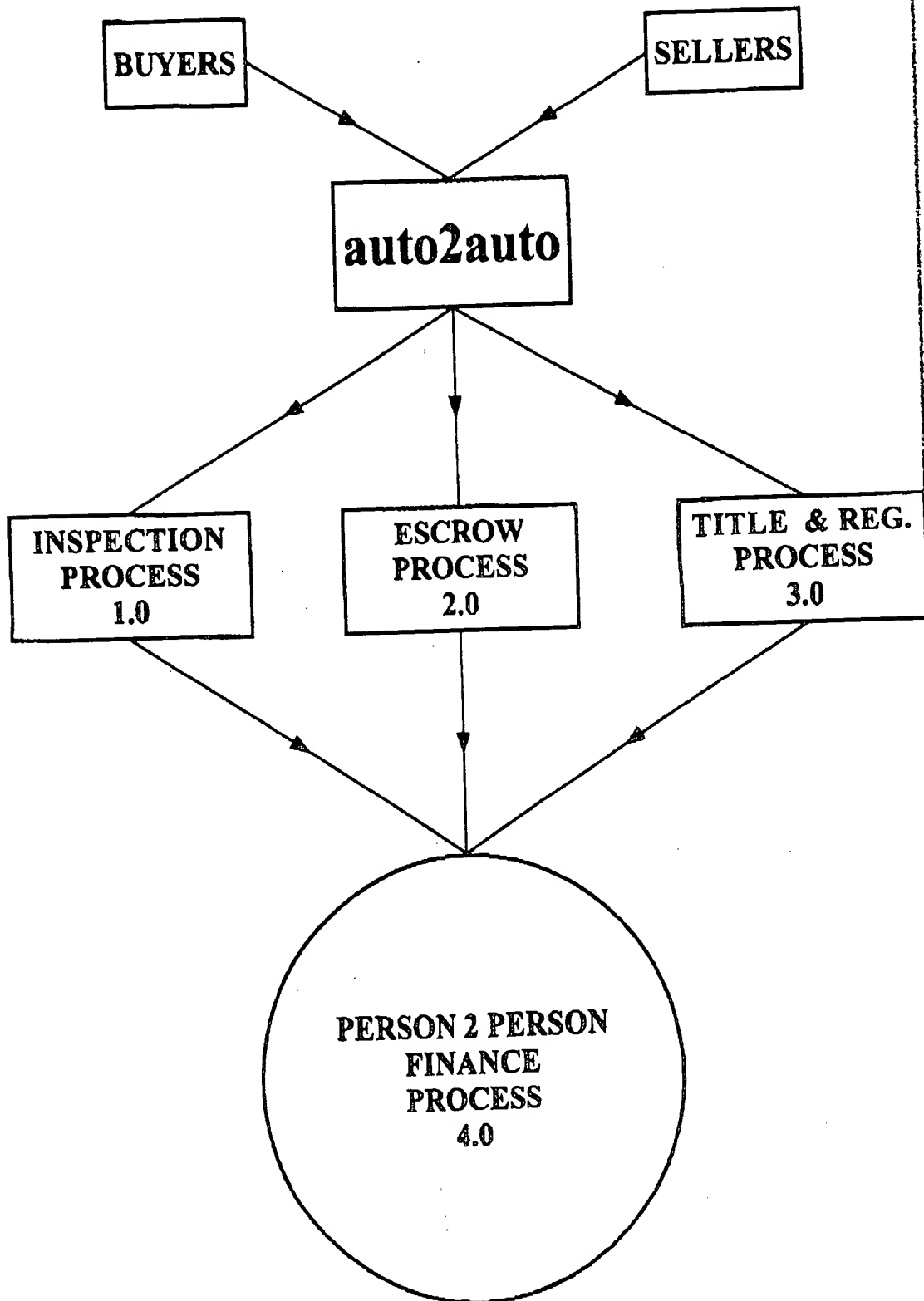
NUMBER OF PAGES 7 (INCLUDING COVER SHEET)

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ABOVE.

THANK YOU!

RETURN FAX # 941-643-2755

PERSON 2 PERSON SOLUTIONS



INSPECTION PROCESS 1.01

GENERAL MECHANICAL INSPECTION

BODY AND INTERIOR INSPECTION

DATE	STOCK #	YEAR	MODEL	R.O. NO.
ADDRESS	TECH	VIN #		
1. Condition of Front & Rear Tires <input type="checkbox"/>				
2. Alignment Condition <input type="checkbox"/>				
3. Condition of Front & Rear Shocks <input type="checkbox"/>				
4. Condition of All Steering and Suspension Components <input type="checkbox"/>				
5. Condition of Power Steering Components <input type="checkbox"/>				
6. Brake Pedal Adjustment <input type="checkbox"/>				
7. Parking Brake Adjustment <input type="checkbox"/>				
8. Condition of Front Brakes <input type="checkbox"/>				
9. Condition of Rear Brakes <input type="checkbox"/>				
10. Condition of Hydraulic System <input type="checkbox"/>				
11. Condition of Exhaust System <input type="checkbox"/>				
12. Engine Leaks <input type="checkbox"/>				
13. Transmission Leaks <input type="checkbox"/>				
14. Differential Leaks <input type="checkbox"/>				
15. Condition of Fuel Tank & All Fuel Lines <input type="checkbox"/>				
16. Condition of Radiator Hoses <input type="checkbox"/>				
17. Condition of Heater Hoses <input type="checkbox"/>				
18. Condition of Radiator <input type="checkbox"/>				
19. Drive Belts Worn or Loose <input type="checkbox"/>				
20. Condition of Battery <input type="checkbox"/>				
21. Condition of Battery Cables <input type="checkbox"/>				
22. Air Conditioning Operation <input type="checkbox"/>				
23. Condition of A.C. Hoses <input type="checkbox"/>				
24. Condition of Lights and Horn <input type="checkbox"/>				
25. Condition of Windshield Wipers <input type="checkbox"/>				
26. Condition of Power Windows and Locks <input type="checkbox"/>				
27. Other (See Below) <input type="checkbox"/>				

COMMENTS:

Name	Year	Model	Style
Address	Body	Color	
Phone	VIN #	License #	
Make	Model		
Address	Phone		
Check Options Indicated on Vehicle <input type="checkbox"/> ABS <input type="checkbox"/> Leather Interior <input type="checkbox"/> Air Conditioner <input type="checkbox"/> AM-FM Radio <input type="checkbox"/> V6/Diesel <input type="checkbox"/> Auto Trans <input type="checkbox"/> Power Windows <input type="checkbox"/> Moon/Run Roof <input type="checkbox"/> AM-FM Cassette <input type="checkbox"/> High Top <input type="checkbox"/> <input type="checkbox"/> Cruise <input type="checkbox"/> Power Locks <input type="checkbox"/> Luxury/Report Pig <input type="checkbox"/> CD/Changer <input type="checkbox"/> Dual Air <input type="checkbox"/> <input type="checkbox"/> 4 Wheel Drive <input type="checkbox"/> Pass Air Bag <input type="checkbox"/> Custom Wheels <input type="checkbox"/> Roof Rack <input type="checkbox"/> Dual Tanks			
CONDITION OF VEHICLE Indicate any damage to the vehicle in the space provided using your own words or the following legend: H - Major Scratch PT - Paint T - Torn B - Bent CC - Glass Cracked M - Missing SM - Scratched R - Rusty CR - Cracked D - Dented S - Stretched BT - Blasted BR - Broken D - Dented			
FRONT 		REAR 	
LEFT 		RIGHT 	
INTERIOR OVERALL: <input type="checkbox"/> CLEAN <input type="checkbox"/> SPACIOUS <input type="checkbox"/> COMFORTABLE DASH: <input type="checkbox"/> Holes <input type="checkbox"/> Cracks <input type="checkbox"/> Dents SEATS: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor CARPET: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor WHEELS: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor TIRES: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor			
Mechanical OVERALL: <input type="checkbox"/> GOOD <input type="checkbox"/> AVERAGE <input type="checkbox"/> POOR ENGINE: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor TRANSMISSION: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor AIR COND: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor BRAKES: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor STEERING: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor SUSPENSION: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor SHOCKS: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor RUST: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor PAINT: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor GLASS: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor TANKS: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor			
I certify that the vehicle described above contains the equipment and has been delivered in the condition described herein.			

27 POINT MAINTENANCE SERVICE INSPECTION

DIGITAL
PICTURES
FRONT

DIGITAL
PICTURES
LEFT SIDE

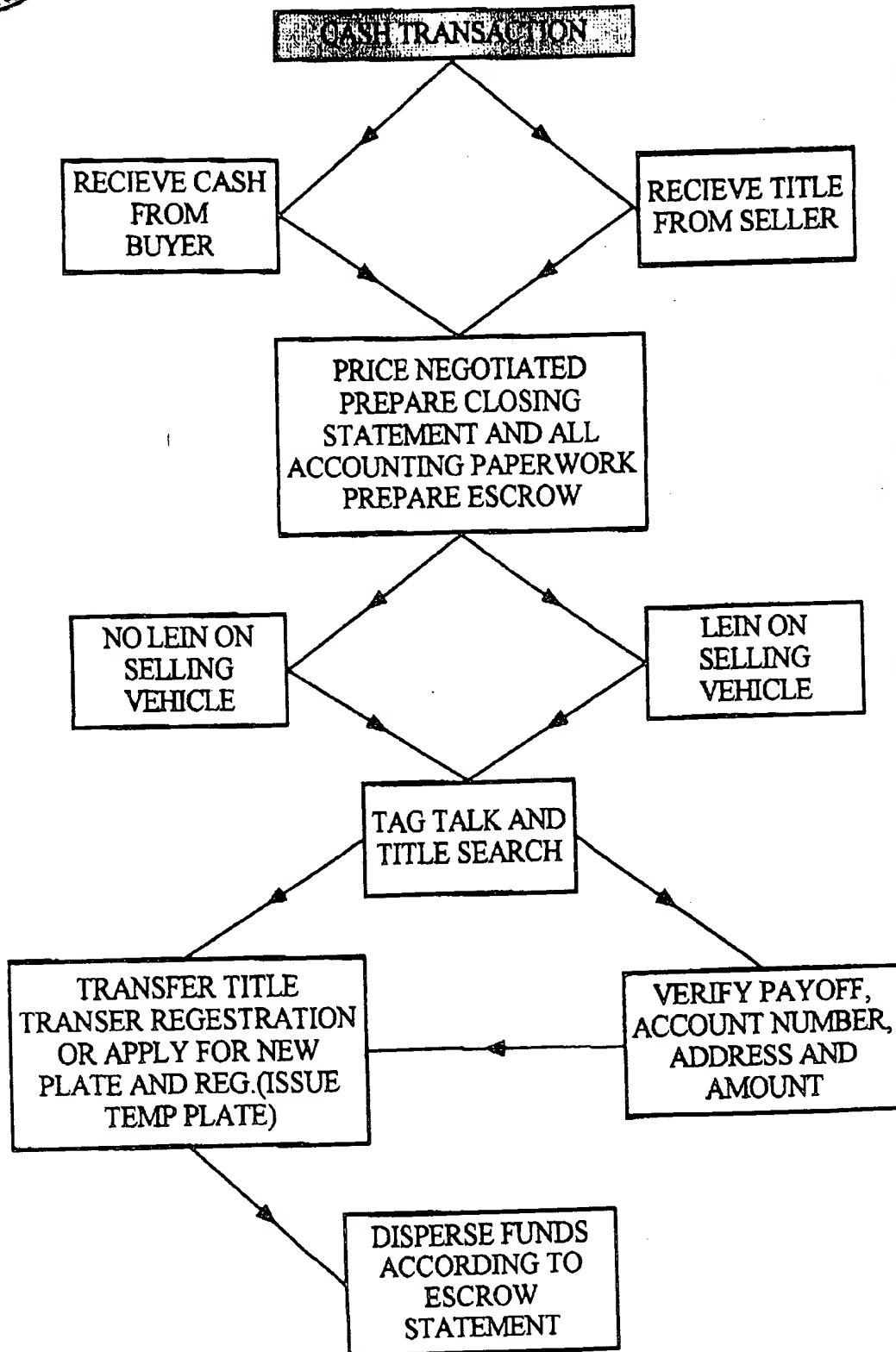
COMMENTS
SECTION

DIGITAL
PICTURES
REAR

DIGITAL
PICTURES
RIGHT SIDE

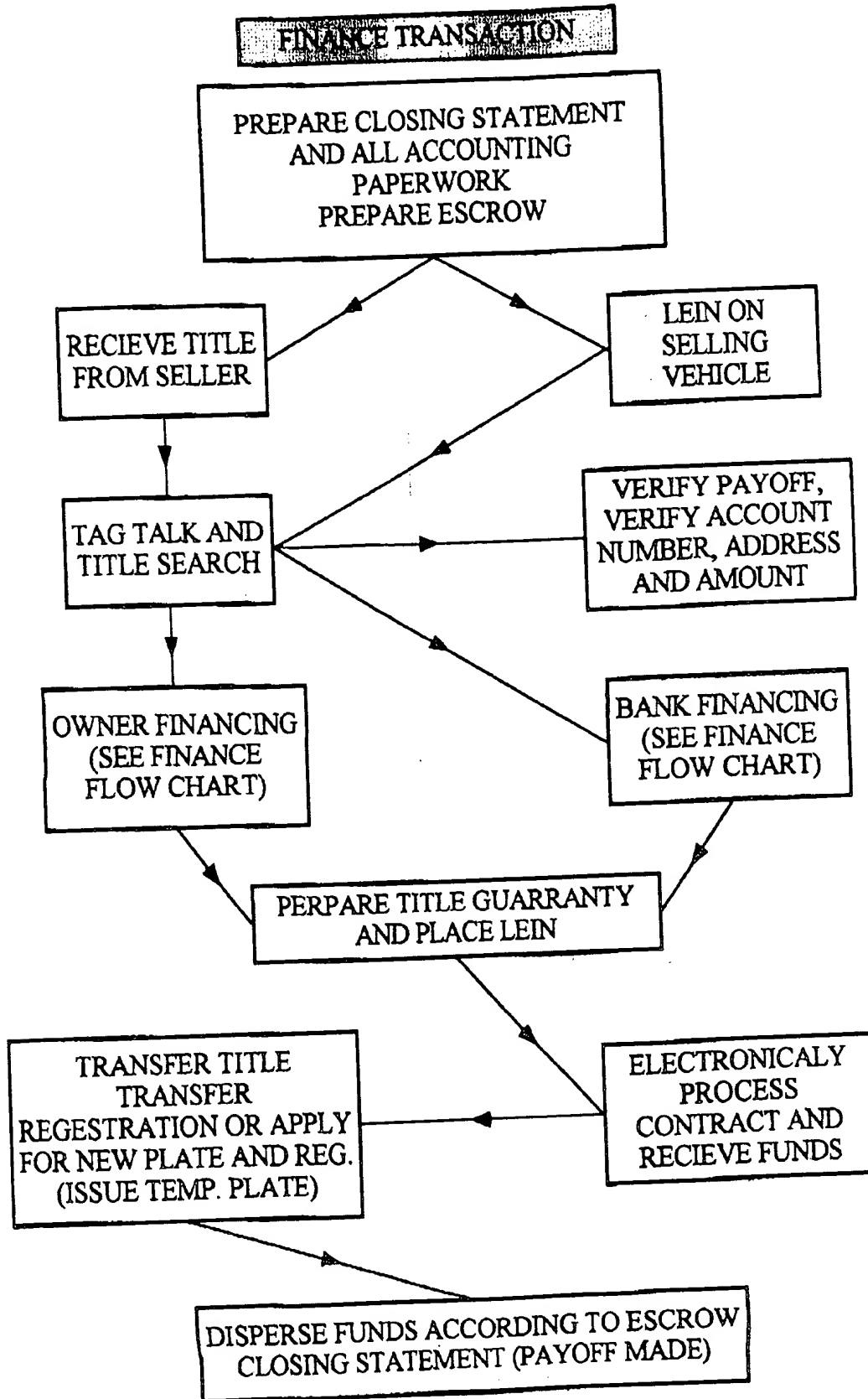


ESCROW PROCESS 2.01

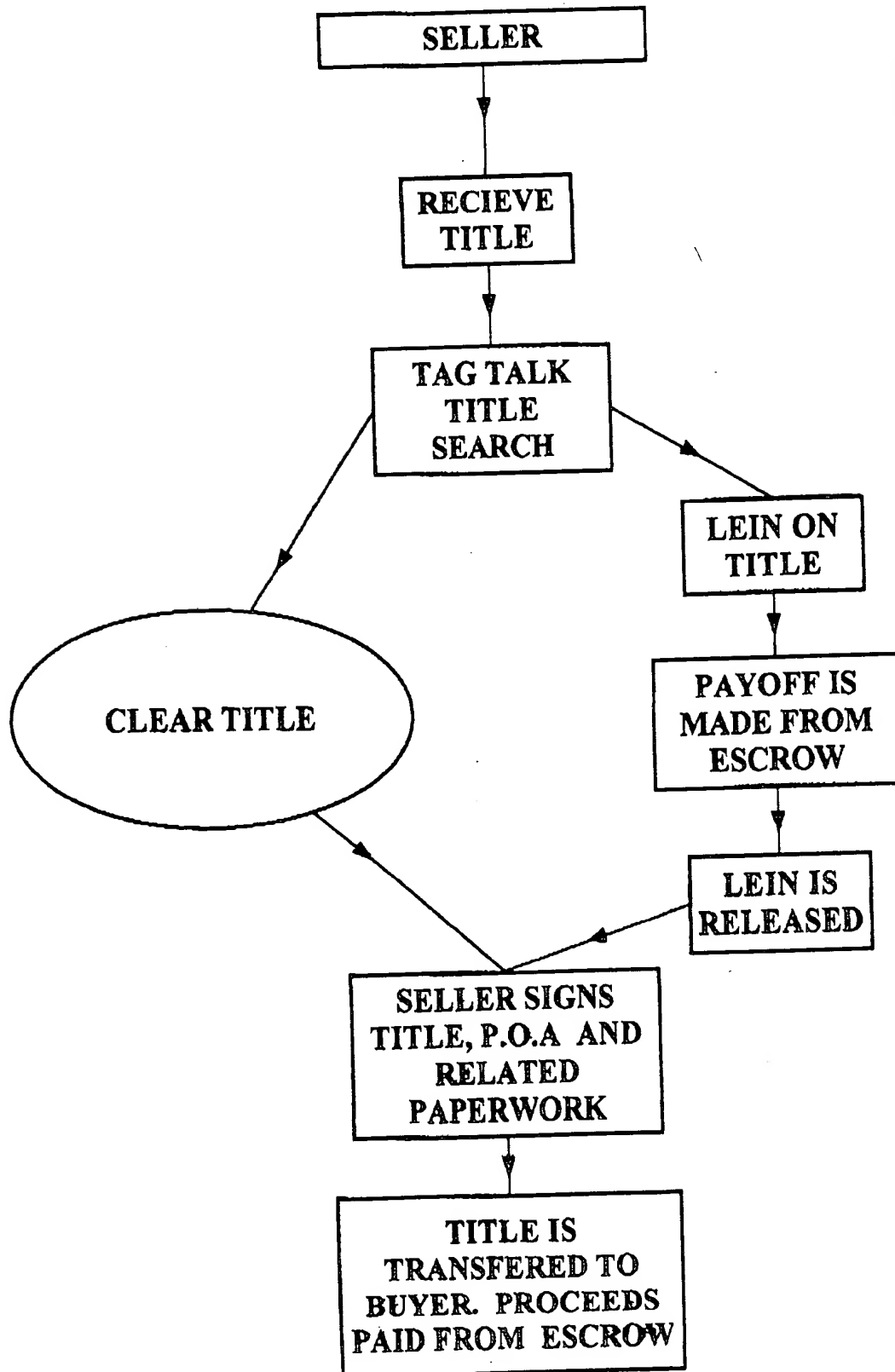


ESCROW PROCESS

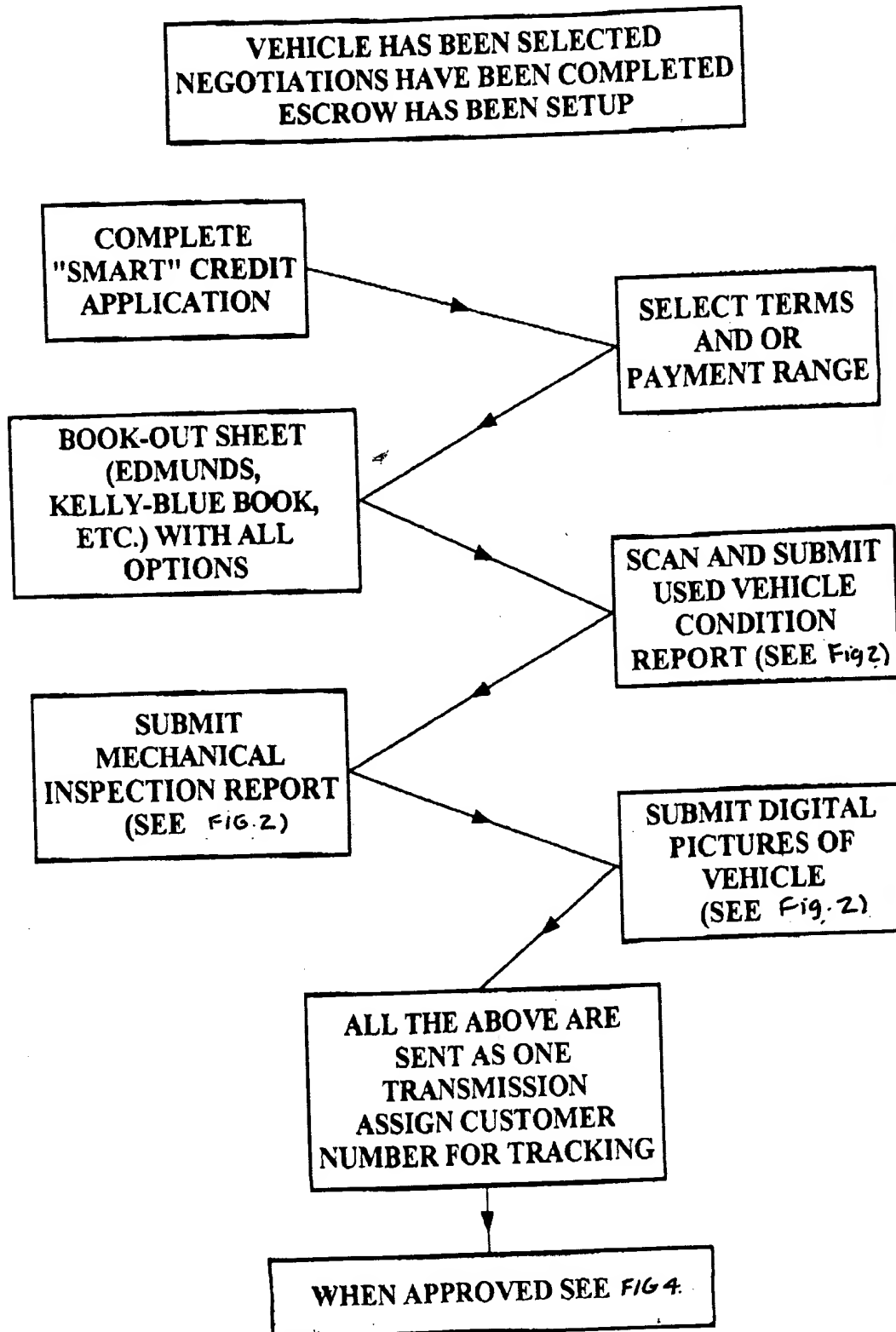
2.02



TITLE & REGISTRATION PROCESS 3.01



FINANCE FLOW CHART 4.01



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